



Full Application For Housing Assistance

City of Chandler

Date: _____

To be completed by the applicant/resident in their own handwriting. The information you give on the form regarding household composition, income, family assets and deduction must be accurate and complete. Complete all sections. Failure to complete this form accurately and completely will result in you being removed from the waiting list.

HEAD OF HOUSEHOLD INFORMATION

NAME	FIRST	LAST	MIDDLE/MAIDEN NAME
MAILING ADDRESS	PO BOX/STREET		PHYSICAL ADDRESS
	APT/UNIT #		STREET
	CITY/STATE/ZIP		APT/UNIT #
TELEPHONE NUMBERS	HOME	CELL	WORK MESSAGE

Check all that apply for the head of household:

☐ Male ☐ Female ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widow
☐ Disabled ☐ Handicapped ☐ Full Time Student ☐ Employed ☐ Self-employed ☐ Unemployed ☐ Retired

If you are married, separated or divorced, you must provide the following information:

SPOUSE/EX-SPOUSE NAME	SOCIAL SECURITY #
ADDRESS	BIRTH DATE

Have you ever used a name other than the one you are using now? ☐ Yes ☐ No

If yes, please explain: _____

Have you ever used a social security number other than the one you are using now? ☐ Yes ☐ No

If yes, please explain: _____

GENERAL INFORMATION

YES <input type="checkbox"/>	NO <input type="checkbox"/>	In the past , have you ever lived in subsidized housing or received rental assistance? If yes, name and address of the Agency that provided or is providing assistance: Dates assistance began and ended: _____ Who was the Head of Household? _____
<input type="checkbox"/>	<input type="checkbox"/>	Are you currently receiving rental assistance? If yes, name and address of Agency providing assistance: Dates assistance began: _____ Who is the Head of Household? _____

For Housing Authority Staff Use Only

PROGRAM INFORMATION: ☐ Section 8 ☐ Public Housing ☐ Elderly Bedroom Size Needed _____

CERTIFICATION: ☐ Initial ☐ Annual Re-Exam ☐ Other _____

GENERAL INFORMATION Continued	
<input type="checkbox"/> <input type="checkbox"/>	Do you currently owe any money to any Public or Assisted Housing Agency? If yes, amount: Name and address of Agency owed money:
<input type="checkbox"/> <input type="checkbox"/>	Have you or any member of the household been evicted from federally assisted housing during the past five years? If yes, please explain:
<input type="checkbox"/> <input type="checkbox"/>	Have you or any member of the household been arrested during the past five years for criminal and or drug related activity? If yes, please explain:
<input type="checkbox"/> <input type="checkbox"/>	Do you have pets? If yes, how many and what kind?
<input type="checkbox"/> <input type="checkbox"/>	Are any household members requesting a reasonable accommodation due to a disability? If you check yes, please request and complete a "Reasonable Accommodation" form.

FAMILY COMPOSITION								
Adults: List all persons age 18 and older who will be living in the household when you receive rental assistance.								
FULL NAME	RELATION TO HEAD OF HOUSEHOLD	SOCIAL SECURITY #	SEX	AGE	DATE OF BIRTH (DOB)	IF APPLICABLE CHECK APPROPRIATE BOX	OFFICE USE ONLY	
1.	Head of Household					<input type="checkbox"/> Disabled <input type="checkbox"/> US Citizen <input type="checkbox"/> Full-Time Student	<input type="checkbox"/> BC <input type="checkbox"/> SS <input type="checkbox"/> ID	
2.						<input type="checkbox"/> Disabled <input type="checkbox"/> US Citizen <input type="checkbox"/> Full-Time Student	<input type="checkbox"/> BC <input type="checkbox"/> SS <input type="checkbox"/> ID	
3.						<input type="checkbox"/> Disabled <input type="checkbox"/> US Citizen <input type="checkbox"/> Full-Time Student <input type="checkbox"/> Live-In-Aid	<input type="checkbox"/> BC <input type="checkbox"/> SS <input type="checkbox"/> ID	
4.						<input type="checkbox"/> Disabled <input type="checkbox"/> US Citizen <input type="checkbox"/> Full-Time Student <input type="checkbox"/> Live-In-Aid	<input type="checkbox"/> BC <input type="checkbox"/> SS <input type="checkbox"/> ID	
Children: List all children age 17 and younger who will be living in the household when you receive rental assistance. Be sure that you list all the parent information for both parents. If you do not have all the requested information you must submit a notarized statement certifying under penalty of perjury that you do not know the requested information. Failure to do so will result in your application being returned to you.								
FULL NAME	RELATION	SOCIAL SECURITY #	SEX	AGE	DOB	CHECK APPROPRIATE BOX	OFFICE	
5.						<input type="checkbox"/> Disabled <input type="checkbox"/> US Citizen <input type="checkbox"/> Foster Child <input type="checkbox"/> Legal Custody	<input type="checkbox"/> BC <input type="checkbox"/> SS <input type="checkbox"/> ID	
Child's Mother's Name			Mother's SS#		Child's Father's Name			Father's SS#
Mother's DOB			Address		Father's DOB			Address
FULL NAME	RELATION	SOCIAL SECURITY #	SEX	AGE	DOB	CHECK APPROPRIATE BOX	OFFICE	
6.						<input type="checkbox"/> Disabled <input type="checkbox"/> US Citizen <input type="checkbox"/> Foster Child <input type="checkbox"/> Legal Custody	<input type="checkbox"/> BC <input type="checkbox"/> SS <input type="checkbox"/> ID	
Child's Mother's Name			Mother's SS#		Child's Father's Name			Father's SS#
Mother's DOB			Address		Father's DOB			Address

FULL NAME	RELATION	SOCIAL SECURITY #	SEX	AGE	DOB	CHECK APPROPRIATE BOX	OFFICE
7.						<input type="checkbox"/> Disabled <input type="checkbox"/> US Citizen <input type="checkbox"/> Foster Child <input type="checkbox"/> Legal Custody	<input type="checkbox"/> BC <input type="checkbox"/> SS <input type="checkbox"/> ID
Child's Mother's Name Mother's SS#			Child's Father's Name Father's SS#				
Mother's DOB Address			Father's DOB Address				
8.						<input type="checkbox"/> Disabled <input type="checkbox"/> US Citizen <input type="checkbox"/> Foster Child <input type="checkbox"/> Legal Custody	<input type="checkbox"/> BC <input type="checkbox"/> SS <input type="checkbox"/> ID
Child's Mother's Name Mother's SS#			Child's Father's Name Father's SS#				
Mother's DOB Address			Father's DOB Address				
9.						<input type="checkbox"/> Disabled <input type="checkbox"/> US Citizen <input type="checkbox"/> Foster Child <input type="checkbox"/> Legal Custody	<input type="checkbox"/> BC <input type="checkbox"/> SS <input type="checkbox"/> ID
Child's Mother's Name Mother's SS#			Child's Father's Name Father's SS#				
Mother's DOB Address			Father's DOB Address				
10.						<input type="checkbox"/> Disabled <input type="checkbox"/> US Citizen <input type="checkbox"/> Foster Child <input type="checkbox"/> Legal Custody	<input type="checkbox"/> BC <input type="checkbox"/> SS <input type="checkbox"/> ID
Child's Mother's Name Mother's SS#			Child's Father's Name Father's SS#				
Mother's DOB Address			Father's DOB Address				

Full Time Students				
List all full time students, including children , who will be living in the household when you receive rental assistance.				
FULL NAME	SCHOOL NAME	SCHOOL ADDRESS	SCHOOL PHONE #	GRADE / COURSE OF STUDY
1.				
2.				
3.				
4.				

Use another sheet of paper to list additional students.

Income Information						
EMPLOYMENT INFORMATION: List all full and/or part time employment for all members of the household (including: self-employment, babysitting or military reserves, etc.)						
FAMILY MEMBER	EMPLOYER NAME & ADDRESS	JOB TITLE	EMPLOYER'S PHONE NUMBER	RATE/HOUR	HOURS/WEEK	OFFICE USE ONLY
				\$		
				\$		
				\$		

Use another sheet of paper to list additional employment.

OTHER INCOME: Does anyone, including children, receive or expect to receive money from any source listed below? Check "Yes" or "No" for each item. If yes, list who and amount received monthly.						
ITEM	YES	NO	SOURCE NAME AND ADDRESS		MONTHLY AMOUNT	OFFICE USE ONLY
Foodstamps	<input type="checkbox"/>	<input type="checkbox"/>			\$	
TANF	<input type="checkbox"/>	<input type="checkbox"/>			\$	
General Assistance	<input type="checkbox"/>	<input type="checkbox"/>			\$	
Social Security	<input type="checkbox"/>	<input type="checkbox"/>			\$	
SSI	<input type="checkbox"/>	<input type="checkbox"/>			\$	
Pension	<input type="checkbox"/>	<input type="checkbox"/>	Type of Pension:		\$	
Worker's Compensation	<input type="checkbox"/>	<input type="checkbox"/>			\$	
Unemployment Compensation	<input type="checkbox"/>	<input type="checkbox"/>			\$	
Disability Compensation	<input type="checkbox"/>	<input type="checkbox"/>			\$	
Child Support	<input type="checkbox"/>	<input type="checkbox"/>	Payee: State:	Court Order #:	\$	
Child Support	<input type="checkbox"/>	<input type="checkbox"/>	Payee: State:	Court Order #:	\$	
Child Support	<input type="checkbox"/>	<input type="checkbox"/>	Payee: State:	Court Order #:	\$	
Alimony/ Spousal Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	Payee: State:	Court Order #:	\$	
Educational Grants	<input type="checkbox"/>	<input type="checkbox"/>			\$	
Educational Scholarships	<input type="checkbox"/>	<input type="checkbox"/>			\$	
Work Study	<input type="checkbox"/>	<input type="checkbox"/>			\$	
Financial support from family or friends	<input type="checkbox"/>	<input type="checkbox"/>			\$	
Babysitting	<input type="checkbox"/>	<input type="checkbox"/>			\$	
Caretaking	<input type="checkbox"/>	<input type="checkbox"/>			\$	
Armed Forces/Reserves	<input type="checkbox"/>	<input type="checkbox"/>			\$	

OTHER INCOME CONTINUED: Does anyone, including children, receive or expect to receive money from any source listed below? Check "Yes" or "No" for each item. If yes, list who and amount received monthly.				OFFICE USE ONLY
Income from Rental Property	<input type="checkbox"/> <input type="checkbox"/>		\$	
Other:	<input type="checkbox"/> <input type="checkbox"/>		\$	

Asset Information					
List all Bank Accounts (savings and checking), stocks, bonds, securities, CD's, credit union shares, IRA or Keogh Plans, Savings Bonds, or any possessions kept for investment purposes, etc.					
FAMILY MEMBER	NAME & ADDRESS (BANK, BROKER, ETC.)	TYPE OF ACCOUNT	ACCOUNT NUMBER	BALANCE/VALUE	OFFICE USE ONLY
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other (specify)		\$	
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other (specify)		\$	
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other (specify)		\$	

REAL ESTATE: Provide information for any real estate (land and/or building) which you currently own.				
FAMILY MEMBER	COMPLETE ADDRESS OF REAL ESTATE	APPRAISED VALUE	MORTGAGE BALANCE	MORTGAGE HOLDER
Name and Address of Mortgage Holder:				

DIVESTITURE OF ASSETS: During the past two (2) years, has any member of the household disposed of, transferred or otherwise given away any assets? No <input type="checkbox"/> Yes <input type="checkbox"/> Were they given away for less than they were worth? No <input type="checkbox"/> Yes <input type="checkbox"/> If you answered Yes, to either question please complete the following:			
DESCRIPTION OF ASSET	CASH VALUE*	AMOUNT RECEIVED	DATE DISPOSED OF
	\$	\$	
	\$	\$	
*CASH VALUE is the market value of the asset minus reasonable costs incurred in selling or converting an asset to cash. Such reasonable costs include: Penalties for withdrawing funds before maturity, Broker/legal fees for the sale or conversion of assets, Settlement costs for real estate transactions.			

Expense Information			
CHILD CARE EXPENSES: List only those expenses for children age 12 and younger, which enable you or another household member to work or attend school. List only those expenses that you pay out of pocket.			
NAME AND COMPLETE ADDRESS OF CARE GIVER	AMOUNT PER HOUR	HOURS PER WEEK	OFFICE USE ONLY
	\$		
	\$		
Reason for childcare expense:			

MEDICAL EXPENSES: Complete this section if the **head of household** or **spouse** is **62 years of age or older, disabled or handicapped**. List only expenses you pay out of pocket. Check “Yes” or “No” for each item. **If yes, list name and address of whom you pay and the amount.** The most current IRS Publication 502, *Medical and Dental Expenses*, will be used to determine the costs that qualify as medical expenses. The items below are a few examples of allowable medical expenses from IRS Publication 502.

ITEM	YES	NO	NAME AND ADDRESS OF WHOM YOU PAY	AMOUNT	OFFICE USE ONLY
Health Insurance	<input type="checkbox"/>	<input type="checkbox"/>		\$	
Prescription Medicines and Insulin (<u>not</u> nonprescription medicines)	<input type="checkbox"/>	<input type="checkbox"/>		\$	
Doctors	<input type="checkbox"/>	<input type="checkbox"/>		\$	
Dentists	<input type="checkbox"/>	<input type="checkbox"/>		\$	
Dentures	<input type="checkbox"/>	<input type="checkbox"/>		\$	
Eyeglasses	<input type="checkbox"/>	<input type="checkbox"/>		\$	
Hearing Aids	<input type="checkbox"/>	<input type="checkbox"/>		\$	
Necessary surgery and medical procedures	<input type="checkbox"/>	<input type="checkbox"/>		\$	
Services of medical facilities hospitalization, long-term care, and in-home nursing services	<input type="checkbox"/>	<input type="checkbox"/>		\$	
Handicapped/ attendant care expenses which enable a family member (including the handicapped family member) to work.	<input type="checkbox"/>	<input type="checkbox"/>	Name and Complete Address of Care Giver	\$	
Auxiliary apparatus that would enable the handicapped person to work such as wheelchairs, walkers, scooters, ramps or special equipment for the blind, equipment added to cars and vans to permit their use by the family member with a disability, or service animals.	<input type="checkbox"/>	<input type="checkbox"/>	Apparatus, Name And Address Where Purchased	\$	
Other: (Medical expenses from the most recent IRS Publication 502):	<input type="checkbox"/>	<input type="checkbox"/>		\$	
Other: (Medical expenses from the most recent IRS Publication 502):	<input type="checkbox"/>	<input type="checkbox"/>		\$	

Landlord References (FOR APPLICANTS ONLY)

List three (3) of your most recent landlords and provide their complete mailing address.

LANDLORD'S NAME	ADDRESS OF RENTAL UNIT	LANDLORD'S COMPLETE ADDRESS	LANDLORD'S TELEPHONE #/ FAX #	MONTHLY RENT \$	DATES YOU LIVED THERE FROM: TO: & REASON FOR LEAVING
Current Landlord:					
Prior Landlord:					
Prior Landlord:					

Vehicle Information

List the following information for each household vehicle.

MAKE	MODEL	YEAR	COLOR	LICENSE PLATE #	STATE



Applicant/Tenant Certification City of Chandler

I/We certify that the information given to the City of Chandler Housing Authority on household composition, income, net family assets and allowances and deductions is accurate and complete to the best of my/our knowledge and belief.

I/We understand that false statements or information are punishable under Federal law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

WARNING! TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

I do hereby swear and attest that all the information above about my household and me is true and correct. I also understand that all changes in household members or income must be reported to the City of Chandler Housing Authority **IN WRITING WITHIN TEN WORKING DAYS** and that only people listed on this declaration, when approved by the Housing Agency may reside in the unit being subsidized.

I declare under penalty of perjury under the laws of the United States of America and the State of Arizona that the information contained in this statement of facts is true, correct and complete.

Signature of Head of Household Date

Signature of Head of Household Date

Signature of Other Adult Date

Signature of Other Adult Date

NOTE: If a person other than applicant/participant completes this form, please sign and complete representative information.

Print Name

Signature of Representative

Date

Address City, State, Zip Code

Phone

Relation to Applicant/Participant:

Return to:

City of Chandler Housing and Redevelopment Division

www.affordablehousing.chandleraz.gov

Ph. 480-782-3200 ♦ Fax 480-782-3220

Mailing Address:

Mail Stop 101, PO Box 4008
Chandler, AZ 85244-4008

Office Location:

235 S. Arizona Avenue
Chandler, AZ 85225

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:			
Mailing Address:			
Telephone No:	Cell Phone No:		
Name of Additional Contact Person or Organization:			
Address:			
Telephone No:	Cell Phone No:		
E-Mail Address (if applicable):			
Relationship to Applicant:			
Reason for Contact: (Check all that apply) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </td> </tr> </table>		<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____		
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.			
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.			
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.			

☐ Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

Form HUD- 92006 (05/09)

AUTHORIZATION FOR THE RELEASE OF INFORMATION

I, _____ hereby give my permission to the City of Chandler Housing and Redevelopment Division to obtain independent information about me and my family for the purpose of determining eligibility, the appropriate level of housing benefits and suitability under the United States Housing and Urban Development's assisted housing programs. Specifically, I authorize release of information from:

- Banks and Other Financial Institutions
- Credit Bureaus
- Courts
- Current and Former Employers
- Current and Former Landlords
- Drug and/or Alcohol Treatment Facilities (limited to facility which has reasonable cause to believe applicant is currently engaged in illegal use of controlled substance)
- Family Composition
- Federal, State, Tribal or Local Benefit Agencies Welfare and other Social Service Agencies
- Identity and Marital Status
- Medical Providers
- The National Crime Information Center, Police Departments, and other law enforcement agencies
- Providers of: Alimony, Childcare, Child Support, Disability Assistance and Medical Care
- Schools and Colleges
- U.S. Social Security Administration
- U.S. Department of Veteran Affairs
- Utility Companies
- Other: _____

I agree that the City of Chandler Housing and Redevelopment Division may use photocopies of this authorization to accompany its requests for information. I understand that City of Chandler Housing and Redevelopment Division is soliciting documents to verify eligibility, level of benefits and suitability under HUD's assisted housing programs, including sources of income and assets, wages and unemployment claims, tax return information, identification and composition of household, housing history. The City of Chandler Housing and Redevelopment Division acknowledges the responsibility to the extent provided by law to protect information it receives in determining the applicant's /participant's eligibility for housing assistance. This form is valid for twelve (12) months from the date of applicant's/participant's signature.

_____ Signature of Applicant or Participant	_____ Date	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> □□□□ □□ □□□□□□ </div> </div> Social Security Number
_____ Signature of Other Family Member over the age of 18	_____ Date	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> □□□□ □□ □□□□□□ </div> </div> Social Security Number
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Mailing Address:
Mail Stop 101, PO Box 4008
Chandler, AZ 85244-4008

City of Chandler Housing and Redevelopment Division
<http://affordablehousing.chandleraz.gov>
Ph.(480)782-3200•Fax (480)-782-3220

Office Location:
235 S. Arizona Avenue
Chandler, AZ 85225